

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214514724				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: FINRA Dispute Resolution, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 4445 CORPORATION LN 2ND FL VIRGINIA BEACH, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1417650</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED					
COMMON	2,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1735 K STREET, NW</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20006</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LINDA D FIENBERG TITLE: PRESIDENT ADDRESS: 1735 K STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LINDA D FIENBERG TITLE: PRESIDENT ADDRESS: 1735 K STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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NAME: RICHARD G KETCHUM TITLE: CHAIRMAN & CEO ADDRESS: 1735 K STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
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NAME:	J. BRADLEY BENNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	CARLO V DI FLORIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF RISK OFFI		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	ROBERT COLBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF LEGAL OFF		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	TRACY JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	THOMAS M SELMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	CAMERON FUNKHOUSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	GERALDINE M WALSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	THOMAS GIRA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON , DC 20006		
NAME:	CHARLES A BOWSHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4503 BOXWOOD ROAD		
CITY/ST/ZIP/CO:	BETHESDA, MD 20816		
NAME:	JOHN J BRENNAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 DEVON PARK DRIVE		
CITY/ST/ZIP/CO:	WAYNE, PA 19087		
NAME:	JAMES E BURTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1655 13TH AVENUE		
CITY/ST/ZIP/CO:	SACRAMENTO, CA 95818		

NAME:	KEVIN A CARRENO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 S ORANGE AVENUE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801		
NAME:	MARK S CASADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	75 STATE STREET, 24TH FL		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		
NAME:	CAROL A DAVIDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4851 BONITA BAY BLVD #1404		
CITY/ST/ZIP/CO:	BONITA SPRINGS, FL 34134		
NAME:	JOHN F.X. DOLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	834 UPPER HOLLOW ROAD		
CITY/ST/ZIP/CO:	STOWE, VT 05672		
NAME:	W. DENNIS FERGUSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1489 W PALMETTO PARK ROAD		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33486		
NAME:	GREGORY J FLEMING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1585 BROADWAY, 40TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	HARVEY J GOLDSCHMID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	435 W 116TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10027		
NAME:	WILLIAM H HEYMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	SAINT PAUL, MN 55102		
NAME:	ROBERT KEENAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1609 WEST MAIN STREET		
CITY/ST/ZIP/CO:	RUSSELLVILLE, AR 72801		
NAME:	KEN NORENSBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	29 FROST LANE		
CITY/ST/ZIP/CO:	LAWRENCE, NY 11559		
NAME:	RICHARD S PECHTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	JOHN W SCHMIDLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 SPRINGCROFT ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	JOEL SELIGMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	240 WALLIS HALL		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14627		
NAME:	GARY H STERN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1727 HUMBOLDT AVENUE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55403		
NAME:	KURT P STOCKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8115 MAIN STREET		
CITY/ST/ZIP/CO:	BOKEELIA, FL 33922		
NAME:	SETH H WAUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	60 WALL STREET, 46TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	JAMES D WEDDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12555 MANCHESTER ROAD		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63131		
NAME:	ROCHELLE LAZARUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	636 11TH AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	BRIGITTE C MADRIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	79 JFK STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02138		
NAME:	LUIS M VICEIRA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BAKER LIBRARY 367		
CITY/ST/ZIP/CO:	BOSTON , MA 02163		
NAME:	STEVEN A JOACHIM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	STEVEN J RANDICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP & CIO		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL RUFINO EVP 1735 K STREET NW WASHINGTON, DC 20006	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN S SOKOBIN SVP 1735 K STREET NW WASHINGTON, DC 20006	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL WOLLMAN EVP 1735 K STREET NW WASHINGTON, DC 20006	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ MARCIA E ASQUITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		MARCIA E ASQUITH, SR VP/CORP SEC PRINTED NAME AND CORPORATE TITLE		3/20/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					